

1936

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Mariopra
District No 3
Town Mesa
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 195

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 2674

Local Registrar's No. 286

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME John Wesley Cannon

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal Color or Race White SINGLE MARRIED
Black Chinese WIDOWED
Mexican or DIVORCED

DATE OF BIRTH Mar 21 191 6
(Month) (Day) (Year)

AGE 1 yrs 3 mos 23 days If less than 1 day _____
hrs., or _____ min.

OCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed or (employer) _____

BIRTHPLACE (State or country) Cal 36

NAME OF FATHER J. W. Cannon

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER Cora Baker

BIRTHPLACE OF MOTHER (State or country) West Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Cannon

(Address) Mesa

PLACE OF BURIAL OR REMOVAL Mesa Cemetery

DATE OF BURIAL OR REMOVAL July 16 191 7

UNDERTAKER W. G. Burt

ADDRESS Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 191 7
(Month) (Day) (Year)

I hereby certify, that I attended deceased from July 14 191 7 to July 14 191 7; that I last saw him alive on July 14 191 7, and that death occurred on the date stated above at 2:30 P.M. The DISEASE or INJURY causing death was as follows: convulsions from dentition in a Rachitis

(Duration) _____ yrs. _____ mos. _____ days 7

Was disease contracted in Arizona? Yes

If not, where? _____

CONTRIBUTORY _____

(Duration) _____ yrs. _____ mos. _____ days

(Signed) A. B. Stone

7-14-1917 (Address) Mesa Ariz.

In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE _____

At place of death, 1 yrs. 1 mos. 1 ds. In Arizona 1 yrs. 1 mos. 1 ds.

Former or Usual Residence _____

Filed July 16/1917

Filed Aug 9 1917

J. E. Drane
Local Registrar

A. B. Nichols
County Registrar